

## **EXHIBIT A**

CUSTOMER CLAIM

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Provide your office and home telephone no.

OFFICE: 1-800-664-8314

HOME: 1-518-258-4066

Taxpayer I.D. Number (Social Security No.)

16-1298071

Bricklayers and Allied Craftworkers  
Local 2 Annuity Fund  
300 Centre Drive  
Albany, NY 12203  
Income Plus Investment Fund,  
Madoff Account #: 1-I0004  
Tax ID #: 16-1298071

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:

a. The Broker owes me a Credit (Cr.) Balance of \$ 44.27

b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,  
 please insert the amount you wish to repay and  
 attach a check payable to "Irving H. Picard, Esq.,  
 Trustee for Bernard L. Madoff Investment Securities LLC."

If you wish to make a payment, It must be enclosed

with this claim form.

\$ - 0 -

- d. If balance is zero, insert "None."

None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- |   | <u>YES</u>    | <u>NO</u>     |
|---|---------------|---------------|
| a. The Broker owes me securities        | <u>X</u>      | <u>      </u> |
| b. I owe the Broker securities          | <u>      </u> | <u>X</u>      |
| c. If yes to either, please list below: |               |               |

| Date of<br>Transaction<br>(trade date) | Name of Security                         | Number of Shares or<br>Face Amount of Bonds |                                |
|--|--|---|--------------------------------|
|  |  | The Broker<br>Owes Me<br>(Long)             | I Owe<br>the Broker<br>(Short) |
|  | <u>\$316,330.92</u>                      | <u>X</u>                                    |                                |
|  | <u>Please refer to Income Plus</u>       |   |                                |
|  | <u>Investment Fund SICL Claim</u>        |   |                                |
|  | <u>the above estimated amount is the</u> |   |                                |
|  | <u>claimant's share of the madoff</u>    |   |                                |
|  | <u>loss only.</u>                        |   |                                |

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

Information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

- |   | <u>YES</u> | <u>NO</u>   |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain.  | _____      | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?   | _____      | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____      | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)    | _____      | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.                         | _____      | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.                   | _____      | _____X_____ |

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? If so, give name of that broker. \_\_\_\_\_ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 3/2/2009 Signature St. Louis  
Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

## RESOLUTION

WHEREAS, the Bricklayers and Allied Craftsmen Local 2 Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Stephen O'Sick, Administrator of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

Dated: 3/2/09

Dated: 3/2/09

BRICKLAYERS AND ALLIED CRAFTSMEN  
LOCAL 2 ANNUITY FUND

By: [Signature]

Robert Mantello, Union Trustee

By: [Signature]

Luke Renna, Union Trustee

Dated: 3/2/09By: Anthony Caropreso

Anthony Caropreso, Employer Trustee

Dated: 3/2/09By: Earl N. Hall

Earl N. Hall, Employer Trustee

Re/Madoff/BRICKAD/SIPC Resolution- Indirect

CUSTOMER CLAIM

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Bricklayers and Allied Craftworkers  
Local 2 Pension Fund  
300 Centre Drive  
Albany, NY 12203  
Income Plus Investment Fund,  
Madoff Account #: 1-I0004  
Tax ID #: 14-6075802

Provide your office and home telephone no.

OFFICE: 1-800-664-8314

HOME: 1-518-258 4066

Taxpayer I.D. Number (Social Security No.)

14-6075802

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

- \*\*\*\*\*
1. Claim for money balances as of December 11, 2008:
- a. The Broker owes me a Credit (Cr.) Balance of \$ 724.96
- b. I owe the Broker a Debit (Dr.) Balance of \$ - 0 -

- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."  
If you wish to make a payment, it must be enclosed  
with this claim form. \$ - 0 -

- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities        | <u>X</u>   |           |
| b. I owe the Broker securities          |            | <u>X</u>  |
| c. If yes to either, please list below: |            |           |

| Date of<br>Transaction<br>(trade date) | Name of Security                         | Number of Shares or<br>Face Amount of Bonds |                                |
|--|--|---|--------------------------------|
|  |  | The Broker<br>Owes Me<br>(Long)             | I Owe<br>the Broker<br>(Short) |
|  | <u>\$ 5,179,685.45</u>                   | <u>X</u>                                    |                                |
|  | <u>Please refer to Income Plus</u>       |   |                                |
|  | <u>Investment Fund SIPC Claim:</u>       |   |                                |
|  | <u>the above estimated amount is the</u> |   |                                |
|  | <u>claimant's share of the madoff</u>    |   |                                |
|  | <u>loss only.</u>                        |   |                                |

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

|   | <u>YES</u> | <u>NO</u>   |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain.  | _____      | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?   | _____      | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____      | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)    | _____      | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.                         | _____      | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.                   | _____      | _____X_____ |

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? If so, give name of that broker. \_\_\_\_\_ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 3/2/2009 Signature [Signature]  
Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

## RESOLUTION

WHEREAS, the Bricklayers and Allied Craftworkers Local 2, Albany, New York, Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Stephen O'Sick, Administrator of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**BRICKLAYERS AND ALLIED  
CRAFTWORKERS LOCAL 2, ALBANY, NEW  
YORK, PENSION FUND**

Dated: 3/2/09

By: 

Robert Mastello, Union Trustee

Dated: 3/2/09

By: 

Luke Renno, Union Trustee

Dated: 2/25/2009By: Stephen O'Sick  
Stephen O'Sick, Union TrusteeDated: 2/27/2009By: Michael J. Suprenant  
Michael Suprenant, Union TrusteeDated: 3/2/09By: Dale P. Stehlin  
Dale Stehlin, Union TrusteeDated: 3/2/09By: Martin F. Dillon  
Martin Dillon, Union TrusteeDated: 3/2/09By: Anthony C. Caropreso  
Anthony Caropreso, Employer TrusteeDated: 3/2/09By: Earl N. Hall  
Earl N. Hall, Employer TrusteeDated: 3/2/09By: Thomas Murray  
Thomas Murray, Employer TrusteeDated: 3/2/09By: Todd Helfrich  
Todd Helfrich, Employer TrusteeDated: 03-02-09By: J.D. Gilbert  
J.D. Gilbert, Employer Trustee



# CENTRAL NEW YORK LABORERS'

HEALTH AND WELFARE, PENSION, ANNUITY & TRAINING FUNDS

7051 FLY ROAD • EAST SYRACUSE, NY 13057-9659

PHONE (315) 434-9305 • FAX (315) 437-8627

JANET M. MORO  
FUND ADMINISTRATOR

February 26, 2009

Irving H. Picard, Esq.  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Central New York Laborers' Annuity Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

CENTRAL NEW YORK LABORERS' ANNUITY  
FUND

Janet M. Moro  
Fund Administrator

JMM/rms

Enclosures

jmc\Madoff\SIPC\IndirectMadoffInvest\CNYLabAF\Income\Picardltr

**CUSTOMER CLAIM**

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

**BERNARD L. MADOFF INVESTMENT SECURITIES LLC**

In Liquidation

**DECEMBER 11, 2008**

Central New York Laborers Annuity Fund  
7051 Fly Road  
Syracuse, NY 13057  
Income Plus Investment Fund,  
Madoff Account #: 1-I0004  
Tax ID #: 16-1229376

Provide your office and home telephone no.

OFFICE: (315) 434-9305

HOME: (315) 420-8716

Taxpayer I.D. Number (Social Security No.)  
16-1229376

(If incorrect, please change)

**NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.**

\*\*\*\*\*

1. Claim for money balances as of **December 11, 2008**:

a. The Broker owes me a Credit (Cr.) Balance of \$ 394.60  
b. I owe the Broker a Debit (Dr.) Balance of \$ - 0 -

- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."  
If you wish to make a payment, it must be enclosed  
with this claim form. \$ - 0 -

- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

**PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.**

- |   | <u>YES</u>    | <u>NO</u>     |
|---|---------------|---------------|
| a. The Broker owes me securities        | <u>X</u>      | <u>      </u> |
| b. I owe the Broker securities          | <u>      </u> | <u>X</u>      |
| c. If yes to either, please list below: |               |               |

| Date of<br>Transaction<br>(trade date) | Name of Security                         | <u>Number of Shares or<br/>Face Amount of Bonds</u> |   |
|--|--|---|---|
|  |  | <u>The Broker<br/>Owes Me<br/>(Long)</u>            | <u>I Owe<br/>the Broker<br/>(Short)</u> |
| <u>      </u>                          | <u>\$ 2,819,330.70</u>                   | <u>X</u>  | <u>      </u>                           |
| <u>      </u>                          | <u>Please refer to Income Plus</u>       | <u>      </u>                                       | <u>      </u>                           |
| <u>      </u>                          | <u>Investment Fund SIPC Claim:</u>       | <u>      </u>                                       | <u>      </u>                           |
| <u>      </u>                          | <u>the above estimated amount is the</u> | <u>      </u>                                       | <u>      </u>                           |
| <u>      </u>                          | <u>Claimant's share of the Madoff</u>    | <u>      </u>                                       | <u>      </u>                           |
|  | <u>loss only.</u>                        |   |   |

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Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

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- |   | <u>YES</u> | <u>NO</u>   |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain.  | _____      | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?   | _____      | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____      | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)    | _____      | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.                         | _____      | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.                   | _____      | _____X_____ |

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.

\_\_\_\_\_ X \_\_\_\_\_

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

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THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date February 26, 2007 Signature Janet M. Mero  
Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

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Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

**LIST OF INDIVIDUALS PROVIDING  
ASSISTANCE WITH CLAIM FORM FOR  
CENTRAL NEW YORK LABORERS' ANNUITY FUND  
[16-1229376]**

Dr. John P. Jeanneret, President  
J.P. Jeanneret Associates, Inc.  
White Memorial Building  
100 East Washington Street  
Syracuse, New York 13202  
Telephone: (315) 478-2770

Charles E. Blitman, Esq.  
Jonathan M. Cerrito, Esq.  
Blitman & King LLP  
Franklin Center, Suite 300  
443 North Franklin Street  
Syracuse, New York 13204-5412  
Telephone: (315) 422-7111

Janet M. Moro, Fund Administrator  
Central New York Laborers' Annuity Fund  
7051 Fly Road  
East Syracuse, New York 13057-9659  
Telephone: (315) 434-9305

## RESOLUTION

**WHEREAS**, the Central New York Laborers' Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

**WHEREAS**, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

**WHEREAS**, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

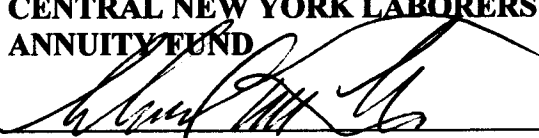
**THEREFORE**, it is resolved that the Trustees of the Fund hereby authorize Janet M. Moro, Fund Administrator, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**CENTRAL NEW YORK LABORERS'  
ANNUITY FUND**

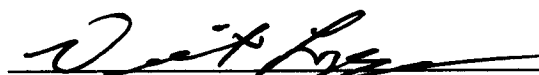
Dated: 2-19-09

By:

  
Gabriel M. Rosetti, Jr., Union Trustee

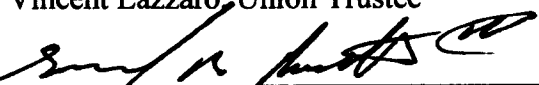
Dated: 2-19-09

By:

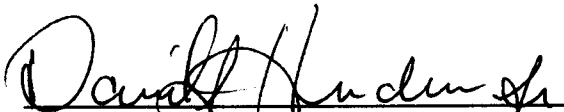
  
Vincent Lazzaro, Union Trustee

Dated: 2-19-09

By:

  
Gabriel M. Rosetti, III, Union Trustee

Dated: 2-24-09

By:   
David Henderson, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl N. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl R. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Todd C. Curran, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Paul A. Castaldo, Employer Trustee

## RESOLUTION

**WHEREAS**, the Central New York Laborers' Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

**WHEREAS**, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

**WHEREAS**, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

**THEREFORE**, it is resolved that the Trustees of the Fund hereby authorize Janet M. Moro, Fund Administrator, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

### CENTRAL NEW YORK LABORERS' ANNUITY FUND

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Vincent Lazzaro, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, III, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
David Henderson, Jr., Union Trustee

Dated: Feb. 20, 2009

By: Earl N. Hall  
Earl N. Hall, Employer Trustee

Dated: FEB 23 2009

By: Earl R. Hall  
Earl R. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Todd C. Curran, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Paul A. Castaldo, Employer Trustee

## **RESOLUTION**

**WHEREAS**, the Central New York Laborers' Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

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### **CENTRAL NEW YORK LABORERS' ANNUITY FUND**

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Vincent Lazzaro, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, III, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
David Henderson, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl N. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl R. Hall, Employer Trustee

Dated: 7/19/09

By: Todd C. Curran  
Todd C. Curran, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Paul A. Castaldo, Employer Trustee

**RESOLUTION**

**WHEREAS**, the Central New York Laborers' Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

**WHEREAS**, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

**WHEREAS**, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

**THEREFORE**, it is resolved that the Trustees of the Fund hereby authorize Janet M. Moro, Fund Administrator, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**CENTRAL NEW YORK LABORERS'  
ANNUITY FUND**

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Vincent Lazzaro, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, III, Union Trustee



Dated: \_\_\_\_\_

By: \_\_\_\_\_  
David Henderson, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl N. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl R. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Todd G. Curran, Employer Trustee

Dated: 2.25.09

By:   
Paul A. Castaldo, Employer Trustee

**CNY LABORERS' ANNUITY FUND**  
**EIN NO. 16-1229376**

**UNION TRUSTEES**

Gabriel M. Rosetti, III  
4 Braston Lane  
Jordan, New York 13080  
Telephone:

Gabriel M. Rosetti, Jr., Secretary  
c/o Laborers Local 633  
7051 Fly Road, Suite A  
East Syracuse, New York 13057  
Telephone: (315) 471-1591

Vincent Lazzaro  
c/o Laborers Local 633  
7051 Fly Road, Suite A  
East Syracuse, New York 13057  
Telephone: (315) 471-1591

David Henderson, Jr.,  
c/o Laborers Local 633  
23 Mitchell Street  
Oswego, New York 13126  
Telephone: (315) 343-7661

**EMPLOYER TRUSTEES**

Earl R. Hall, Chairman  
Building Trades Employers Assoc.  
6563 Ridings Road  
Syracuse, New York 13206  
Telephone: (315) 437-9936

Earl N. Hall  
Construction Employers Assoc.  
of CNY, Inc.  
6563 Ridings Road  
Syracuse, New York 13206  
(315) 437-4050

Todd C. Curran  
The Curran Company  
The Union Building, Suite 204  
12 South Main Street  
P.O. Box 258  
Homer, New York 13077  
Telephone: (607) 749-2950

Paul Castaldo  
c/o Paul A. Castaldo, Inc.  
11 Fourth Avenue, Suite D  
Oswego, New York 13126  
Telephone: (315) 343-7980



# CENTRAL NEW YORK LABORERS'

HEALTH AND WELFARE, PENSION, ANNUITY & TRAINING FUNDS

7051 FLY ROAD • EAST SYRACUSE, NY 13057-9659

PHONE (315) 434-9305 • FAX (315) 437-8627

JANET M. MORO  
FUND ADMINISTRATOR

February 26, 2009

Irving H. Picard, Esq.  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Central New York Laborers' Pension Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

CENTRAL NEW YORK LABORERS' PENSION  
FUND

Janet M. Moro  
Fund Administrator

JMM/mlw

Enclosures

jmc\Madoff\SIPC\IndirectMadoffInvest\CNYLabPF\Income\Picardltr

**CUSTOMER CLAIM**

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

**BERNARD L. MADOFF INVESTMENT SECURITIES LLC**

In Liquidation

**DECEMBER 11, 2008**

Central New York Laborers Pension Fund  
7051 Fly Road  
Syracuse, NY 13057  
Income Plus Investment Fund,  
Madoff Account #: 1-I0004  
Tax ID #: 15-6016579

Provide your office and home telephone no.

OFFICE: (315) 434-9305

HOME: (315) 420-8716

Taxpayer I.D. Number (Social Security No.)  
15-6016579

(If incorrect, please change)

**NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.**

\*\*\*\*\*

1. Claim for money balances as of **December 11, 2008**:

a. The Broker owes me a Credit (Cr.) Balance of \$ 470.06  
b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."  
If you wish to make a payment, it must be enclosed  
with this claim form. \$ - 0 -

- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

**PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.**

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities        | <u>X</u>   |           |
| b. I owe the Broker securities          |            | <u>X</u>  |
| c. if yes to either, please list below: |            |           |

| Date of<br>Transaction<br>(trade date) | Name of Security                         | Number of Shares or<br>Face Amount of Bonds |                                |
|--|--|---|--------------------------------|
|  |  | The Broker<br>Owes Me<br>(Long)             | I Owe<br>the Broker<br>(Short) |
|  | <u>\$ 3,358,441.89</u>                   | <u>X</u>                                    |                                |
|  | <u>Please refer to Income Plus</u>       |   |                                |
|  | <u>Investment Fund SIPC Claim:</u>       |   |                                |
|  | <u>the above estimated amount is the</u> |   |                                |
|  | <u>claimant's share of the madoff</u>    |   |                                |
|  | <u>loss only.</u>                        |   |                                |

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

**PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.**

**NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.**

- |   | <u>YES</u> | <u>NO</u>   |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain.  | _____      | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?   | _____      | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____      | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)    | _____      | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.                         | _____      | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.                   | _____      | _____X_____ |

9. Have you or any member of your family  
ever filed a claim under the Securities  
Investor Protection Act of 1970? if  
so, give name of that broker.

\_\_\_\_\_ X

Please list the full name and address of anyone assisting you in the  
preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that  
case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM.  
CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR  
IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY  
INFORMATION AND BELIEF.

Date February 26, 2009 Signature Janet M. Moco

Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name,  
address, phone number, and extent of ownership on a signed separate sheet. If other  
than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity  
and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly,  
together with supporting documentation, etc. to:

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

**LIST OF INDIVIDUALS PROVIDING  
ASSISTANCE WITH CLAIM FORM FOR  
CENTRAL NEW YORK LABORERS' PENSION FUND**  
**[15-6016579]**

Dr. John P. Jeanneret, President  
J.P. Jeanneret Associates, Inc.  
White Memorial Building  
100 East Washington Street  
Syracuse, New York 13202  
Telephone: (315) 478-2770

Charles E. Blitman, Esq.  
Jonathan M. Cerrito, Esq.  
Blitman & King LLP  
Franklin Center, Suite 300  
443 North Franklin Street  
Syracuse, New York 13204-5412  
Telephone: (315) 422-7111

Janet M. Moro, Fund Administrator  
Central New York Laborers' Pension Fund  
7051 Fly Road  
East Syracuse, New York 13057-9659  
Telephone: (315) 434-9305

## RESOLUTION

**WHEREAS**, the Central New York Laborers' Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

**WHEREAS**, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

**WHEREAS**, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.


**THEREFORE**, it is resolved that the Trustees of the Fund hereby authorize Janet M. Moro, Fund Administrator, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**CENTRAL NEW YORK LABORERS'  
PENSION FUND**


Dated: 2-19-09

By:

  
Gabriel M. Rosetti, Jr., Union Trustee

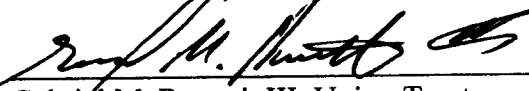
Dated: 2-19-09

By:

  
Vincent Lazzaro, Union Trustee

Dated: 2-19-09

By:

  
Gabriel M. Rosetti, III, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl N. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl R. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Todd C. Curran, Employer Trustee

K:\Madoff\CNYLabPF\ResolutionBeaconIncPlus

**RESOLUTION**

**WHEREAS**, the Central New York Laborers' Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

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**CENTRAL NEW YORK LABORERS'  
PENSION FUND**

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Vincent Lazzaro, Union Trustee

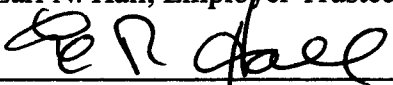
Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, III, Union Trustee

Dated: Feb 20, 2009

By:   
Earl N. Hall, Employer Trustee

Dated: FEB 23 2009

By:   
Earl R. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Todd C. Curran, Employer Trustee

K:\Madoff\CNYLabPF\ResolutionBeaconIncPlus

**RESOLUTION**

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**CENTRAL NEW YORK LABORERS'  
PENSION FUND**

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, Jr., Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Vincent Lazzaro, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Gabriel M. Rosetti, III, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl N. Hall, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Earl R. Hall, Employer Trustee

Dated: 2/19/09

By:   
Todd C. Curtan, Employer Trustee

Klc\Madoff\CNYLabPFResolutionBeaconIncPlus

**CNY LABORERS' PENSION FUND**  
**EIN NO. 15-6016579**

**UNION TRUSTEES**

Gabriel M. Rosetti, Jr., Secretary  
c/o Laborers Local 633  
7051 Fly Road, Suite A  
East Syracuse, New York 13057  
Telephone: (315) 471-1591

Gabriel M. Rosetti, III  
4 Braston Lane  
Jordan, New York 13080  
Telephone:

Vincent Lazzaro  
c/o Laborers Local 633  
7051 Fly Road, Suite A  
East Syracuse, New York 13057  
Telephone: (315) 471-1591

**EMPLOYER TRUSTEES**

Earl R. Hall, Chairman  
Building Trades Employers Assoc.  
6563 Ridings Road  
Syracuse, New York 13206  
Telephone: (315) 437-9936

Earl N. Hall  
Construction Employers Assoc.  
of CNY, Inc.  
6563 Ridings Road  
Syracuse, New York 13206  
(315) 437-4050

Todd C. Curran  
The Curran Company  
The Union Building, Suite 204  
12 South Main Street  
P.O. Box 258  
Homer, New York 13077  
Telephone: (607) 749-2950



I.B.E.W. Local 43 and Electrical Contractors Trust Funds  
P O Box 2218 · Syracuse, New York 13220-2218  
(315) 474-5729 · (800) 474-5744  
FAX (315) 474-1588



March 2, 2009

Irving H. Picard, Esq.  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Avenue, Suite 800  
Dallas Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the IBEW Local No. 43 Pension Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

IBEW LOCAL NO.43 PENSION FUND

Paul Kloc  
Fund Administrator

CUSTOMER CLAIM

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Provide your office and home telephone no.

OFFICE: (315) 474-5729

HOME: (315) 430-3460

Taxpayer I.D. Number (Social Security No.)

16-6153389

EW Local 43 Pension Fund  
P.O. Box 2218  
Syracuse, NY 13220  
Income Plus Investment Fund,  
Madoff Account #: 1-10004  
SEC ID #: 16-6153389

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

\*\*\*\*\*

1. Claim for money balances as of December 11, 2008:

a. The Broker owes me a Credit (Cr.) Balance of \$ 228.47  
b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."  
If you wish to make a payment, it must be enclosed  
with this claim form. \$ - 0 -
- d. If balance is zero, insert "None." None
2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- |   | <u>YES</u>    | <u>NO</u>     |
|---|---------------|---------------|
| a. The Broker owes me securities        | <u>X</u>      | <u>      </u> |
| b. I owe the Broker securities          | <u>      </u> | <u>X</u>      |
| c. if yes to either, please list below: |               |               |

| Date of<br>Transaction<br>(trade date) | Name of Security                         | Number of Shares or<br>Face Amount of Bonds |                                |
|--|--|---|--------------------------------|
|  |  | The Broker<br>Owes Me<br>(Long)             | I Owe<br>the Broker<br>(Short) |
| <u>      </u>                          | <u>\$ 1,632,357.16</u>                   | <u>X</u>                                    | <u>      </u>                  |
| <u>      </u>                          | <u>Please refer to Income Plus</u>       | <u>      </u>                               | <u>      </u>                  |
| <u>      </u>                          | <u>Investment Fund SIPC Claim:</u>       | <u>      </u>                               | <u>      </u>                  |
| <u>      </u>                          | <u>the above estimated amount is the</u> | <u>      </u>                               | <u>      </u>                  |
| <u>      </u>                          | <u>claimant's share of the madoff</u>    | <u>      </u>                               | <u>      </u>                  |
|  | <u>loss only.</u>                        |   |                                |

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

- |   | <u>YES</u> | <u>NO</u>   |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain.  | _____      | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?   | _____      | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____      | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)    | _____      | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.                         | _____      | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.                   | _____      | _____X_____ |

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker. \_\_\_\_\_ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 3/2/09 Signature William C. Townshy  
Date 3/2/09 Signature [Signature]

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

**EXHIBIT A**

**LIST OF INDIVIDUALS PROVIDING  
ASSISTANCE WITH CLAIM FORM FOR  
IBEW LOCAL NO. 43 PENSION FUND  
[16-6153389]**

Dr. John P. Jeanneret, President  
J.P. Jeanneret Associates, Inc.  
White Memorial Building  
100 East Washington Street  
Syracuse, New York 13202  
Telephone: (315) 478-2770

Charles E. Blitman, Esq.  
Jonathan M. Cerrito, Esq.  
Blitman & King LLP  
Franklin Center, Suite 300  
443 North Franklin Street  
Syracuse, New York 13204-5412  
Telephone: (315) 422-7111

Paul Kloc, Plan Manager  
IBEW Local No. 43 Pension Fund  
4568 Waterhouse Road  
Clay, New York 13041  
Telephone: (315) 474-5729

**EXHIBIT B**

**RESOLUTION**

**WHEREAS,** the International Brotherhood of Electrical Workers Local No. 43 and Electrical Contractors Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

**WHEREAS,** the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

**WHEREAS,** the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

**THEREFORE,** it is resolved that the Trustees of the Fund hereby authorize the Plan Manager of the Fund and any Trustee of the Fund to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

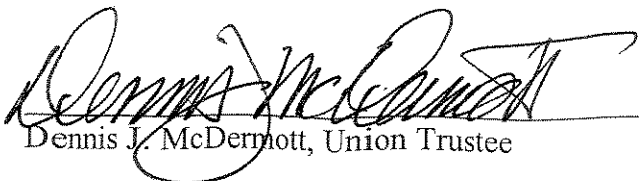
**INTERNATIONAL BROTHERHOOD OF  
ELECTRICAL WORKERS LOCAL NO. 43 AND  
ELECTRICAL CONTRACTORS PENSION FUND**

Dated: 2-18-09


By:

  
Kevin J. Crawford, Union Trustee

Dated: 2/18/09

By:   
Dennis J. McDermott, Union Trustee

Dated: 2/18/09

By:   
Donald H. Morgan, Union Trustee

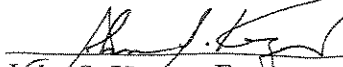
Dated: 2/19/09

By:   
William C. Towsley, Union Trustee

Dated: 2/20/09

By:   
Carl Hibbard, Jr., Employer Trustee

Dated: 2/23/09

By:   
John S. Kogut, Employer Trustee

Dated: 2/28/09

By:   
Marilyn M. Oppedisano, Employer Trustee

**I.B.E.W. LOCAL UNION NO. 43 AND**  
**ELECTRICAL CONTRACTORS PENSION FUND**  
**(EIN # 16-6153389)**

**UNION TRUSTEES**

Kevin J. Crawford  
IBEW Local Union No. 43 and  
Electrical Contractors Pension Fund  
P.O. Box 2218  
Clay, New York 13041  
Telephone: (315) 474-5729

Dennis J. McDermott  
IBEW Local Union No. 43 and  
Electrical Contractors Pension Fund  
P.O. Box 2218  
Clay, New York 13041  
Telephone: (315) 474-5729

Donald H. Morgan  
IBEW Local Union No. 43 and  
Electrical Contractors Pension Fund  
P.O. Box 2218  
Clay, New York 13041  
Telephone: (315) 474-5729

William C. Towsley  
IBEW Local Union No. 43 and  
Electrical Contractors Pension Fund  
P.O. Box 2218  
Clay, New York 13041  
Telephone: (315) 474-5729

**EMPLOYER TRUSTEES**

Carl Hibbard, Jr.  
IBEW Local Union No. 43 and  
Electrical Contractors Pension Fund  
c/o Patricia Electric  
407 Brown Ave.  
Syracuse, New York 13208  
Telephone: (315) 455-7410

John S. Kogut  
IBEW Local union No. 43 and  
Electrical Contractors Pension Fund  
c/o Kogut Electric, Inc.  
1025 Erie St.  
P.O. Box 1735  
Utica, New York 13503-1735  
Telephone: (315) 733-4655

Marilyn M. Oppedisano  
IBEW Local Union No. 43 and  
Electrical Contractors Pension Fund  
c/o Finger Lakes NY Chapter, NECA,  
Inc.  
135 Cove Road, Suite 208  
Liverpool, New York 13090  
Telephone: (315) 451-4278



INTERNATIONAL BROTHERHOOD ELECTRICAL WORKERS  
LOCAL 139  
Pension Fund



508 COLLEGE AVENUE  
ELMIRA, NY 14901  
607-732-1237  
FAX 607-737-0236

GEORGE R. (RICK) SALTSMAN, FUND ADMINISTRATOR  
JUDY M. OTTAVIANI, FUND MANAGER



February 27, 2009

Irving H. Picard, Esq.  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the IBEW Local 139 Pension Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

IBEW LOCAL 139 PENSION FUND

George R. Saltsman  
Fund Administrator

GRS  
Enclosures

| U.S. Postal Service™   |         |
|--|---------|
| CERTIFIED MAIL™ RECEIPT  |         |
| (Domestic Mail Only; No Insurance Coverage Provided)   |         |
| For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> |         |
| DALLAS TX 75201  |         |
| Postage  | \$ 1.17 |
| Certified Fee  | \$2.70  |
| Return Receipt Fee<br>(Endorsement Required)   | \$2.20  |
| Restricted Delivery Fee<br>(Endorsement Required)  | \$0.00  |
| Total Postage & Fees   | \$ 6.07 |
| 02/27/2009   |         |
| Sent To: Irving H. Picard, Esq.<br>Trustee for Bernard L. Madoff Investment Securities LLC   |         |
| Street, Apt. No.: Claims Processing Center   |         |
| or PO Box No. 2100 McKinney Ave., Suite 800  |         |
| City, State, ZIP+4: Dallas TX 75201  |         |
| PS Form 3800, August 2008 See Reverse for Instructions                                       |         |

7008 0150 0003 3656 9009

CUSTOMER CLAIM

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Provide your office and home telephone no.

I.B.E.W. Local 139 Pension Fund  
508 College Avenue  
Elmira, NY 14901  
Income Plus Investment Fund,  
Madoff Account #: 1-I0004  
Tax ID #: 51-6029960

OFFICE: (607) 733-5611

HOME: (607) 733-1237

Taxpayer I.D. Number (Social Security No.)  
51-6029960

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

\*\*\*\*\*

1. Claim for money balances as of December 11, 2008:
- a. The Broker owes me a Credit (Cr.) Balance of \$ 117.79
  - b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."  
If you wish to make a payment, it must be enclosed  
with this claim form. \$ - 0 -

- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities        | <u>X</u>   |           |
| b. I owe the Broker securities          |            | <u>X</u>  |
| c. If yes to either, please list below: |            |           |

| Date of<br>Transaction<br>(trade date) | Name of Security                         | Number of Shares or<br>Face Amount of Bonds |                                |
|--|--|---|--------------------------------|
|  |  | The Broker<br>Owes Me<br>(Long)             | I Owe<br>the Broker<br>(Short) |
|  | <u>\$ 841,590.28</u>                     | <u>X</u>                                    |                                |
|  | <u>Please refer to Income Plus</u>       |   |                                |
|  | <u>Investment Fund SIPC Claim;</u>       |   |                                |
|  | <u>the above estimated amount is the</u> |   |                                |
|  | <u>claimant's share of the madoff</u>    |   |                                |
|  | <u>loss only.</u>                        |   |                                |

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

- |   | <u>YES</u> | <u>NO</u>   |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain.  | _____      | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?   | _____      | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____      | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)    | _____      | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.                         | _____      | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.                   | _____      | _____X_____ |

9 Have you or any member of your family  
ever filed a claim under the Securities  
Investor Protection Act of 1970? if  
so, give name of that broker. \_\_\_\_\_ X

Please list the full name and address of anyone assisting you in the  
preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that  
case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM.  
CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR  
IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY  
INFORMATION AND BELIEF.

Date 2/27/09 Signature George R. Saltzman

Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name,  
address, phone number, and extent of ownership on a signed separate sheet. If other  
than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity  
and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly,  
together with supporting documentation, etc. to:

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

**EXHIBIT A**

**LIST OF INDIVIDUALS PROVIDING  
ASSISTANCE WITH CLAIM FORM FOR  
IBEW LOCAL 139 PENSION FUND  
[51-6029960]**

Dr. John P. Jeanneret, President  
J.P. Jeanneret Associates, Inc.  
White Memorial Building  
100 East Washington Street  
Syracuse, New York 13202  
Telephone: (315) 478-2770

James R. LaVaute, Esq.  
Jonathan M. Cerrito, Esq.  
Blitman & King LLP  
Franklin Center, Suite 300  
443 North Franklin Street  
Syracuse, New York 13204-5412  
Telephone: (315) 422-7111

Judy Ottaviani, Fund Manager  
IBEW Local 139 Pension Fund  
508 College Ave.  
Elmira, New York 14901  
Telephone: (607) 732-5611

**EXHIBIT B**

## RESOLUTION

**WHEREAS**, the I.B.E.W. Local 139 Pension ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

**WHEREAS**, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

**WHEREAS**, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

**THEREFORE**, it is resolved that the Trustees of the Fund hereby authorize Judy Ottaviani, Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

Dated: 2-26-09

Dated: 2/27/09

I.B.E.W. LOCAL 139 PENSION FUND

By:

Ernest A. Hartman  
Ernest A. Hartman, Union Trustee

By:

David C. Patton  
David Patton, Union Trustee

Dated: 2/27/09

By: George R. Saltzman  
George R. Saltzman, Union Trustee

Dated: 2/26/09

By: Lindsay T. Mills  
Lindsay T. Mills, Employer Trustee

Dated: 2/26/09

By: Michael J. Sincock  
Michael J. Sincock, Employer Trustee

Dated: 2/27/09

By: Kimberly Bautista  
Kimberly Bautista, Employer Trustee

**LIST OF TRUSTEES AND CONTACT INFORMATION FOR  
I.B.E.W. LOCAL 139 PENSION FUND  
(EIN # 51-6029960)**

Ernest T. Hartman, Union Trustee  
I.B.E.W. Local 139 Pension Fund  
508 College Avenue  
Elmira, New York 14901  
Telephone: (607) 732-5611

David Patton, Union Trustee  
I.B.E.W. Local 139 Pension Fund  
508 College Avenue  
Elmira, New York 14901  
Telephone: (607) 732-5611

George S. Saltsman, Union Trustee  
I.B.E.W. Local 139 Pension Fund  
508 College Avenue  
Elmira, New York 14901  
Telephone: (607) 732-5611

Lindsay T. Mills, Employer Trustee  
I.B.E.W. Local 139 Pension Fund  
1832 Grand Central Avenue  
P.O. Box 2068  
Elmira Heights, New York 14903  
Telephone: (607) 734-4112

Michael Sincock, Employer Trustee  
I.B.E.W. Local 139 Pension Fund  
154 East Fifth Street  
P.O. Box 34  
Elmira, New York 14902  
Telephone: (607) 732-5611

Kimberly Bautista, Employer Trustee  
I.B.E.W. Local 139 Pension Fund  
c/o Southern Tier Chapter, NECA  
PO Box 1326  
Binghamton, New York 13902  
Telephone: (607) 723-8824.

This fax was received on the Blittman & King LLP fax server on Monday, April 06, 2009.

Michael Talarski - Business Manager/  
Financial Secretary

Brian Miller - President

**International  
of Electrical**



**Brotherhood  
Workers**

AFFILIATED WITH  
New York State AFL-CIO  
N.Y. State Building Trades Council  
Finger Lakes Building Trades Council  
Ithaca - Cortland Building Trades Council  
N.Y. State Assoc. of Electrical Workers

**LOCAL UNION No. 241**

Phone: 607-272-2809  
Fax: 607-277-5623  
701 West State Street  
Ithaca, New York 14850

March 2, 2009

Irving H. Picard, Esq.  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the IBEW Local 241 Pension Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

IBEW LOCAL 241 PENSION FUND

Michael Talarski  
Fund Administrator

MT  
Enclosures

jmc\Madoff\SIPC\IndirectMadoffInvest\IBEW241PF\Picardfr

This tax was received on the Biltman & King LLP fax server on Monday, April 06, 2009.

**CUSTOMER CLAIM**

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

**BERNARD L. MADOFF INVESTMENT SECURITIES LLC**

In Liquidation

**DECEMBER 11, 2008**

IBEW Local 241 Pension Fund  
701 West State Street  
Ithaca, NY 14850  
Income Plus Investment Fund,  
Madoff Account #: 1-I0004  
Tax ID #: 16-6118689

Provide your office and home telephone no.

OFFICE: (607) 272-2809

HOME: (607) 423-2809

Taxpayer I.D. Number (Social Security No.)  
16-6118689

(If incorrect, please change)

**NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.**

\*\*\*\*\*

1. Claim for money balances as of December 11, 2008:
- a. The Broker owes me a Credit (Cr.) Balance of \$ 149.94
  - b. I owe the Broker a Debit (Dr.) Balance of \$ - 0 -

50408 (02)

This tax was received on the Blittman & King LLP tax server on Monday, April 06, 2009.

- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."  
If you wish to make a payment, it must be enclosed  
with this claim form. \$ - 0 -

- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities        | <u>X</u>   |           |
| b. I owe the Broker securities          |            | <u>X</u>  |
| c. if yes to either, please list below: |            |           |

| Date of<br>Transaction<br>(trade date) | Name of Security                         | Number of Shares or<br>Face Amount of Bonds |                                |
|--|--|---|--------------------------------|
|  |  | The Broker<br>Owes Me<br>(Long)             | I Owe<br>the Broker<br>(Short) |
|  | \$ <u>1,071,267.93</u>                   | <u>X</u>                                    |                                |
|  | <u>Please refer to Income Plus</u>       |   |                                |
|  | <u>Investment Fund SIPC Claim;</u>       |   |                                |
|  | <u>the above estimated amount is the</u> |   |                                |
|  | <u>claimant's share of the madoff</u>    |   |                                |
|  | <u>loss only.</u>                        |   |                                |

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

This fax was received on the Blitman & King LLP fax server on Monday, April 06, 2009.

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.  
**PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.**

**NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.**

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain.  | _____      | <u>X</u>  |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?   | _____      | <u>X</u>  |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____      | <u>X</u>  |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)    | _____      | <u>X</u>  |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.                         | _____      | <u>X</u>  |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.                   | _____      | <u>X</u>  |

This fax was received on the Blitman & King LLP fax server on Monday, April 06, 2009.

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker. \_\_\_\_\_ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 3-2-2009 Signature Michael W. Finkel  
Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

502180406



This fax was received on the Blitman & King LLP fax server on Monday, April 06, 2009.

**LIST OF INDIVIDUALS PROVIDING  
ASSISTANCE WITH CLAIM FORM FOR  
IBEW LOCAL 241 PENSION FUND  
[16-6118689]**

Dr. John P. Jeanneret, President  
J.P. Jeanneret Associates, Inc.  
White Memorial Building  
100 East Washington Street  
Syracuse, New York 13202  
Telephone: (315) 478-2770

James R. LaVaute, Esq.  
Jonathan M. Cerrito, Esq.  
Blitman & King LLP  
Franklin Center, Suite 300  
443 North Franklin Street  
Syracuse, New York 13204-5412  
Telephone: (315) 422-7111

Michael Talarski, Fund Administrator  
IBEW Local 241 Pension Fund  
701 West State Street  
Ithaca, New York 14850  
Telephone: (607) 272-2809

jmc\Madoff\SIPC\Indirect\Madoff\Invest\IBEW241PF\ClaimFormAsstList



This fax was received on the Blittman & King LLP fax server on Monday, April 06, 2009.

## RESOLUTION

**WHEREAS**, the I.B.E.W. Local 241 Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

**WHEREAS**, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

**WHEREAS**, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

**THEREFORE**, it is resolved that the Trustees of the Fund hereby authorize Michael W. Talarski, Administrative Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

### I.B.E.W. LOCAL 241 PENSION FUND

Dated: 2-19-09

By:

Michael W. Talarski  
Michael W. Talarski, Union Trustee

Dated: 2-23-09

By:

Edward A. Dickerson  
Edward Dickerson, Union Trustee

This fax was received on the Biltman & King LLP fax server on Monday, April 06, 2009.

Dated: 2/24/09

By: Casey Weatherby  
Casey Weatherby, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Kimberly Bautista, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
George Denmark, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Matthew Labosky, Employer Trustee

Klc/Madoff/B.E.W. Local 241PF/Resolution IncomePlus

This fax was received on the Blittman & King LLP fax server on Monday, April 06, 2009.

## RESOLUTION

**WHEREAS**, the L.B.E.W. Local 241 Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

**WHEREAS**, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

**WHEREAS**, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

**THEREFORE**, it is resolved that the Trustees of the Fund hereby authorize Michael W. Talarski, Administrative Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

### L.B.E.W. LOCAL 241 PENSION FUND

Dated: \_\_\_\_\_

By: \_\_\_\_\_

Michael W. Talarski, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_

Edward Dickerson, Union Trustee

This fax was received on the Biltman & King LLP fax server on Monday, April 06, 2009.

Dated: \_\_\_\_\_

By: \_\_\_\_\_

Casey Weatherby, Union Trustee

Dated: 2-23-09

By: \_\_\_\_\_

Kimberly Bautista  
Kimberly Bautista, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_

George Denmark, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_

Matthew Labosky, Employer Trustee

Kic/Madoff/1.B.E.W. Local 241PF/Resolution.IncomePlus

This fax was received on the Blittman & King LLP fax server on Monday, April 06, 2009.

## RESOLUTION

**WHEREAS**, the I.B.E.W. Local 241 Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

**WHEREAS**, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

**WHEREAS**, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

**THEREFORE**, it is resolved that the Trustees of the Fund hereby authorize Michael W. Talarski, Administrative Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

### I.B.E.W. LOCAL 241 PENSION FUND

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Michael W. Talarski, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Edward Dickerson, Union Trustee

This fax was received on the Blattman & King LLP fax server on Monday, April 06, 2009.

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Casey Weatherby, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Kimberly Bautista, Employer Trustee

Dated: 2-20-2009

By:   
George Denmark, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Matthew Labosky, Employer Trustee

Klc/Madoff/I.B.E.W. Local 241PF/Resolution IncomePlus

This fax was received on the Blittman & King LLP fax server on Monday, April 06, 2009.

## RESOLUTION

**WHEREAS**, the I.B.E.W. Local 241 Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

**WHEREAS**, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

**WHEREAS**, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

**THEREFORE**, it is resolved that the Trustees of the Fund hereby authorize Michael W. Talarski, Administrative Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

### I.B.E.W. LOCAL 241 PENSION FUND

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Michael W. Talarski, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Edward Dickerson, Union Trustee

This fax was received on the Bittman & King LLP fax server on Monday, April 06, 2009.

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Joseph Ruta, Union Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
Kimberly Bautista, Employer Trustee

Dated: \_\_\_\_\_

By: \_\_\_\_\_  
George Denmark, Employer Trustee

Dated: \_\_\_\_\_

By:  \_\_\_\_\_  
Matthew Labosky, Employer Trustee

Klc/Madoff/L.B.E.W. Local 241PFF/Resolution.Beacon

This fax was received on the Blittman & King LLP fax server on Monday, April 06, 2009.

**IBEW LOCAL 241 PENSION FUND**  
**EIN NO. 16-6118689**

**UNION TRUSTEES**

Casey Weatherby  
701 West State Street  
Ithaca, New York 14850  
Telephone: (607) 272-2809

Michael Talarski  
701 West State Street  
Ithaca, New York 14850  
Telephone: (607) 272-2809

Edward Dickerson  
701 West State Street  
Ithaca, New York 14850  
Telephone: (607) 272-2809

**EMPLOYER TRUSTEES**

Kimberly Bautista  
Southern Tier Chapter NECA  
P.O. Box 1326  
Binghamton, New York 13902  
Telephone:

Matthew Labosky  
c/o Blanding Electric  
429 Commerce Road  
Vestal, New York 13850  
Telephone:

George Denmark  
3744 Dean Road  
Odessa, New York 14869  
Telephone:

jmc\jmc\Madoff\SIPC\Indirect\Madoff\Investment\IBEW241PF\TrusteeContactInfoPF

LOCAL UNION 325, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS  
**JOINT TRUST FUND**  
PENSION FUND

24 Emma Street

Binghamton, NY 13905

Telephone 797-1919



March 2, 2009

Irving H. Picard, Esq.  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the IBEW Local 325 Annuity Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

IBEW 325 Local Annuity Fund

A handwritten signature in cursive script that reads "James F. Collins".

James F. Collins  
Administrative Manager

Enclosures

CUSTOMER CLAIM

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

I.B.E.W. Local 325 Annuity Fund  
24 Emma Street  
Binghamton, NY 13905  
Income Plus Investment Fund,  
Madoff Account #: 1-I0004  
Tax ID #: 16-1368200

Provide your office and home telephone no.

OFFICE: (607) 797-1919

HOME: (607) 723-5293

Taxpayer I.D. Number (Social Security No.)  
16-1368200

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

\*\*\*\*\*

1. Claim for money balances as of December 11, 2008:
- a. The Broker owes me a Credit (Cr.) Balance of \$ 229.12
  - b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."  
If you wish to make a payment, it must be enclosed  
with this claim form. \$ - 0 -

- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities        | <u>X</u>   |           |
| b. I owe the Broker securities          |            | <u>X</u>  |
| c. If yes to either, please list below: |            |           |

| Date of<br>Transaction<br>(trade date) | Name of Security                         | Number of Shares or<br>Face Amount of Bonds |                                |
|--|--|---|--------------------------------|
|  |  | The Broker<br>Owes Me<br>(Long)             | I Owe<br>the Broker<br>(Short) |
|  | \$1,637,036.56                           | <u>X</u>                                    |                                |
|  | <u>Please refer to Income Plus</u>       |   |                                |
|  | <u>Investment Fund SIPC Claim:</u>       |   |                                |
|  | <u>the above estimated amount is the</u> |   |                                |
|  | <u>claimant's share of the madoff</u>    |   |                                |
|  | <u>loss only.</u>                        |   |                                |

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

|   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain.  | _____      | <u>X</u>  |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?   | _____      | <u>X</u>  |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____      | <u>X</u>  |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)    | _____      | <u>X</u>  |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.                         | _____      | <u>X</u>  |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.                   | _____      | <u>X</u>  |

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? If so, give name of that broker. \_\_\_\_\_ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 3-2-09 Signature James Collins  
Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

**LIST OF INDIVIDUALS PROVIDING  
ASSISTANCE WITH CLAIM FORM FOR  
IBEW LOCAL 325 ANNUITY FUND  
EIN # 16-1368200**

Dr. John P. Jeanneret, President  
J.P. Jeanneret Associates, Inc.  
White Memorial Building  
100 East Washington Street  
Syracuse, New York 13202  
Telephone: (315) 478-2770

Bernard T. King, Esq.  
Jonathan M. Cerrito, Esq.  
Blitman & King LLP  
Franklin Center, Suite 300  
443 North Franklin Street  
Syracuse, New York 13204-5412  
Telephone: (315) 422-7111

James F. Collins, Administrative Manager  
IBEW Local 325 Annuity Fund  
24 Emma Street  
Binghamton, New York 13905  
Telephone: (607) 729-6171

**EXHIBIT A**

**RESOLUTION**

**WHEREAS**, the I.B.E.W. Local 325 Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

**WHEREAS**, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

**WHEREAS**, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

**THEREFORE**, it is resolved that the Trustees of the Fund hereby authorize James F. Collins, Administrative Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**I.B.E.W. LOCAL 325 ANNUITY FUND**

Dated: 2-24-09

By:   
James F. Collins, Union Trustee

Dated: 2-24-09

By:   
Daniel R. Dvorsky, Union Trustee

Dated: 2-24-09

By: John Friedman  
John Friedman, Union Trustee

Dated: 2-24-09

By: Kimberly Bautista  
Kimberly Bautista, Employer Trustee

Dated: 2-24-09

By: Matthew Labosky  
Matthew Labosky, Employer Trustee

Dated: 2-24-09

By: Scott Nejeschleba  
Scott Nejeschleba, Employer Trustee

**EXHIBIT B**

**IBEW LOCAL 325 ANNUITY FUND**  
**EIN NO. 16-1368200**

**UNION TRUSTEES**

James F. Collins, Administrative Manager  
24 Emma Street  
Binghamton, New York 13905  
Telephone: (607) 729-6171

Daniel R. Dvorsky  
12 Hillcrest Avenue  
Binghamton, New York 13901  
Telephone:

John Friedman  
135 Zimmer Road  
Kirkwood, New York 13795  
Telephone:

**EMPLOYER TRUSTEES**

Kimberly Bautista  
Southern Tier Chapter NECA  
P.O. Box 1326  
Binghamton, New York 13902  
Telephone:

Matthew Lobosky  
Blanding Electric  
429 Commerce Road  
Vestal, New York 13850  
Telephone:

Scott Nejeschleba  
All Phase Electrical Contractors  
6 Emma Street  
Binghamton, New York 13905  
Telephone: (607) 797-6535

**LOCAL UNION 325, INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS**  
**JOINT TRUST FUND**  
**PENSION FUND**

24 Emma Street

Binghamton, NY 13905

Telephone 797-1919



March 2, 2009

Irving H. Picard, Esq.  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the IBEW Local 325 Pension Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

IBEW 325 Local Pension Fund

James F. Collins  
Administrative Manager

Enclosures

CUSTOMER CLAIM

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

I.B.E.W. Local 325 Pension Fund  
24 Emma Street  
Binghamton, NY 13905  
Income Plus Investment Fund,  
Madoff Account #: 1-I0004  
Tax ID #: 16-6098105

Provide your office and home telephone no.

OFFICE: (607) 797-1919

HOME: (607) 723-5293

Taxpayer I.D. Number (Social Security No.)  
16-6098105

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

\*\*\*\*\*

1. Claim for money balances as of December 11, 2008:

- a. The Broker owes me a Credit (Cr.) Balance of \$ 986.98  
b. I owe the Broker a Debit (Dr.) Balance of \$ - 0 -

- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."  
If you wish to make a payment, it must be enclosed  
with this claim form. \$ - 0 -

- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities        | <u>X</u>   |           |
| b. I owe the Broker securities          |            | <u>X</u>  |
| c. If yes to either, please list below: |            |           |

| Date of<br>Transaction<br>(trade date) | Name of Security                         | The Broker<br>Owes Me<br>(Long) | I Owe<br>the Broker<br>(Short) |
|--|--|---------------------------------|--------------------------------|
|  | \$ 7,051,756.99                          | <u>X</u>                        |                                |
|  | <u>Please refer to Income Plus</u>       |                                 |                                |
|  | <u>Investment Fund SIPC Claim:</u>       |                                 |                                |
|  | <u>the above estimated amount is the</u> |                                 |                                |
|  | <u>claimant's share of the madoff</u>    |                                 |                                |
|  | <u>loss only.</u>                        |                                 |                                |

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

|   | <u>YES</u> | <u>NO</u>   |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain.  | _____      | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?   | _____      | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____      | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)    | _____      | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.                         | _____      | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.                   | _____      | _____X_____ |

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker. \_\_\_\_\_ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 3-2-09 Signature James Callini  
Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

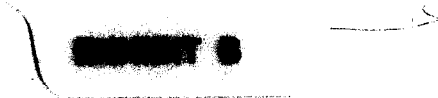
[REDACTED]

**LIST OF INDIVIDUALS PROVIDING  
ASSISTANCE WITH CLAIM FORM FOR  
IBEW LOCAL 325 PENSION FUND  
EIN # 16-6098105**

Dr. John P. Jeanneret, President  
J.P. Jeanneret Associates, Inc.  
White Memorial Building  
100 East Washington Street  
Syracuse, New York 13202  
Telephone: (315) 478-2770

Bernard T. King, Esq.  
Jonathan M. Cerrito, Esq.  
Blitman & King LLP  
Franklin Center, Suite 300  
443 North Franklin Street  
Syracuse, New York 13204-5412  
Telephone: (315) 422-7111

James F. Collins, Administrative Manager  
IBEW Local 325 Pension Fund  
24 Emma Street  
Binghamton, New York 13905  
Telephone: (607) 729-6171



**RESOLUTION**

**WHEREAS**, the I.B.E.W. Local 325 Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

**WHEREAS**, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

**WHEREAS**, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

**THEREFORE**, it is resolved that the Trustees of the Fund hereby authorize James F. Collins, Administrative Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.


For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**I.B.E.W. LOCAL 325 PENSION FUND**

Dated: 2-24-09

By:   
James F. Collins, Union Trustee

Dated: 2-24-09

By:   
Daniel R. Dvorsky, Union Trustee

Dated: 2-24-09

By: John Friedman  
John Friedman, Union Trustee

Dated: 2-24-09

By: Kimberly Bautista  
Kimberly Bautista, Employer Trustee

Dated: 2-24-09

By: Matthew Labosky  
Matthew Labosky, Employer Trustee

Dated: 2-24-09

By: Scott Nejeschleba  
Scott Nejeschleba, Employer Trustee

**IBEW LOCAL 325 PENSION FUND**  
**EIN NO. 16-6098105**

**UNION TRUSTEES**

James F. Collins, Administrative Manager  
24 Emma Street  
Binghamton, New York 13905  
Telephone: (607) 729-6171

Daniel R. Dvorsky  
12 Hillcrest Avenue  
Binghamton, New York 13901  
Telephone:

John Friedman  
135 Zimmer Road  
Kirkwood, New York 13795  
Telephone:

**EMPLOYER TRUSTEES**

Kimberly Bautista  
Southern Tier Chapter NECA  
P.O. Box 1326  
Binghamton, New York 13902  
Telephone:

Matthew Lobosky  
Blanding Electric  
429 Commerce Road  
Vestal, New York 13850  
Telephone:

Scott Nejeschleba  
All Phase Electrical Contractors  
6 Emma Street  
Binghamton, New York 13905  
Telephone: (607) 797-6535



**I.B.E.W. LOCAL #910  
BENEFIT FUNDS**

February 27, 2009

Irving H. Picard, Esq.  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the IBEW Local 910 Annuity Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

IBEW 910 Local Annuity Fund

John F. Love  
Fund Manager

Enclosures

JMC/Madoff/SIPC/IndirectMadoffinvest/IBEW910Annuity/Picardltr



CUSTOMER CLAIM

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

I.B.E.W. Local 910 Annuity Fund  
25001 Water Street  
Watertown, NY 13601  
Income Plus Investment Fund,  
Madoff Account #: 1-I0004  
Tax ID #: 22-6447520

Provide your office and home telephone no.

OFFICE: (800) 801-2201

HOME: (315) 782-5941

Taxpayer I.D. Number (Social Security No.)  
22-6447520

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

\*\*\*\*\*

1. Claim for money balances as of December 11, 2008:
- a. The Broker owes me a Credit (Cr.) Balance of \$ 267.48
- b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."  
If you wish to make a payment, it must be enclosed  
with this claim form. \$ - 0 -

- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities        | <u>X</u>   |           |
| b. I owe the Broker securities          |            | <u>X</u>  |
| c. if yes to either, please list below: |            |           |

| Date of<br>Transaction<br>(trade date) | Name of Security                         | Number of Shares or<br>Face Amount of Bonds |                                |
|--|--|---|--------------------------------|
|  |  | The Broker<br>Owes Me<br>(Long)             | I Owe<br>the Broker<br>(Short) |
|  | <u>\$1,911,072.97</u>                    | <u>X</u>                                    |                                |
|  | <u>Please refer to Income Plus</u>       |   |                                |
|  | <u>Investment Fund SIPC Claim;</u>       |   |                                |
|  | <u>the above estimated amount is the</u> |   |                                |
|  | <u>claimant's share of the madoff</u>    |   |                                |
|  | <u>loss only.</u>                        |   |                                |

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

**PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.**

**NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.**

|   | <u>YES</u> | <u>NO</u>   |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain.  | _____      | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?   | _____      | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____      | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)    | _____      | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.                         | _____      | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.                   | _____      | _____X_____ |

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker. \_\_\_\_\_ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 02-27-2009 Signature John F. Lore  
Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

**LIST OF INDIVIDUALS PROVIDING  
ASSISTANCE WITH CLAIM FORM FOR  
IBEW LOCAL 910 ANNUITY FUND  
EIN # 22-6447520**

Dr. John P. Jeanneret, President  
J.P. Jeanneret Associates, Inc.  
White Memorial Building  
100 East Washington Street  
Syracuse, New York 13202  
Telephone: (315) 478-2770

Charles E. Blitman, Esq.  
Jonathan M. Cerrito, Esq.  
Blitman & King LLP  
Franklin Center, Suite 300  
443 North Franklin Street  
Syracuse, New York 13204-5412  
Telephone: (315) 422-7111

John Love, Fund Manager  
IBEW Local 910 Annuity Fund  
25001 Water Street  
Watertown, New York 13601  
Telephone: (315) 782-5941

**RESOLUTION**

**WHEREAS**, the I.B.E.W. Local 910 Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

**WHEREAS**, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

**WHEREAS**, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

**THEREFORE**, it is resolved that the Trustees of the Fund hereby authorize John Love, Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

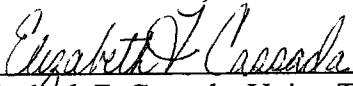
For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**I.B.E.W. LOCAL 910 ANNUITY FUND**

Dated: 2-19-09

By:   
Dennis C. Affinati, Union Trustee

Dated: 2-26-09

By:   
Elizabeth F. Cassada, Union Trustee

Dated: 2-26-09

By:   
Michael Rhubart, Union Trustee

Dated: 01-25-09

By: James A. Williams  
James A. Williams, Employer Trustee

Dated: 02-25-09

By: Leo J. Villeneuve  
Leo J. Villeneuve, Employer Trustee

Dated: 02-26-09

By: Gary L. Hammond  
Gary L. Hammond, Employer Trustee

KLC/Madoff/IBEW910AF/Misc/AFResolutionIncPlus

**IBEW LOCAL 910 ANNUITY FUND**  
**EIN NO. 22-6447520**

**UNION TRUSTEES**

Dennis C. Affinati  
c/o IBEW Local 910 AFL-CIO  
25001 Water Street  
Watertown, New York 13601  
Telephone: (315) 782-5941

Elizabeth F. Cassada  
15662 US Route 11  
Watertown, New York 13601  
Telephone: (315) 583-5618

Michael Rhubart  
6522 Snell Road  
Lowville, New York 13367  
Telephone: (315) 376-2960

**EMPLOYER TRUSTEES**

James A. Williams, Chairman  
c/o S&L Electric Inc.  
5313 State Highway 56  
Colton, New York 13625  
Telephone: (315) 265-7677

Leo J. Villeneuve, Secretary  
c/o S&L Electric Inc.  
5313 State Highway 56  
Colton, New York 13625  
Telephone: (315) 262-2372

Gary L. Hammond  
c/o Collins-Hammond Electrical  
Contractors, Inc.  
Route 68 Riverside Drive  
P.O. Box 383  
Ogdensburg, New York 13669  
Telephone: (315) 334-7022

**NECA**  
NATIONAL ELECTRICAL CONTRACTORS ASSOCIATION**IBEW LOCAL #910  
BENEFIT FUNDS**

February 27, 2009

Irving H. Picard, Esq.  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the IBEW Local 910 Pension Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

IBEW 910 Local Pension Fund

John F. Love  
Fund Manager

Enclosures

JMC/Madoff/SIPC/IndirectMadoffinvest/IBEW910Annuity/Picardltr



CUSTOMER CLAIM

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

I.B.E.W. Local 910 Pension Fund  
25001 Water Street  
Watertown, NY 13601  
Income Plus Investment Fund,  
Madoff Account #: 1-I0004  
Tax ID #: 16-6100240

Provide your office and home telephone no.

OFFICE: (800) 801-2201

HOME: (315) 782-5941

Taxpayer I.D. Number (Social Security No.)  
16-6149240

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

\*\*\*\*\*

1. Claim for money balances as of December 11, 2008:

a. The Broker owes me a Credit (Cr.) Balance of \$ 288.31  
b. I owe the Broker a Debit (Dr.) Balance of \$ - 0 -

- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."  
If you wish to make a payment, it must be enclosed  
with this claim form.

\$ - 0 -  
None

- d. If balance is zero, insert "None."

2. Claim for securities as of December 11, 2008:

**PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.**

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities        | <u>X</u>   | <u></u>   |
| b. I owe the Broker securities          | <u></u>    | <u>X</u>  |
| c. if yes to either, please list below: |            |           |

| Date of<br>Transaction<br>(trade date) | Name of Security                         | Number of Shares or<br>Face Amount of Bonds |                                |
|--|--|---|--------------------------------|
|  |  | The Broker<br>Owes Me<br>(Long)             | I Owe<br>the Broker<br>(Short) |
| <u></u>                                | <u>\$ 2,059,884.61</u>                   | <u>X</u>                                    | <u></u>                        |
| <u></u>                                | <u>Please refer to Income Plus</u>       | <u></u>                                     | <u></u>                        |
| <u></u>                                | <u>Investment Fund SIPC Claim:</u>       | <u></u>                                     | <u></u>                        |
| <u></u>                                | <u>the above estimated amount is the</u> | <u></u>                                     | <u></u>                        |
| <u></u>                                | <u>Claimant's share of the Madoff</u>    | <u></u>                                     | <u></u>                        |
|  | <u>loss only.</u>                        |   |                                |

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.  
**PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.**

**NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.**

- |   | <u>YES</u> | <u>NO</u>   |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain.  | _____      | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?   | _____      | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____      | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)    | _____      | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.                         | _____      | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.                   | _____      | _____X_____ |

9. Have you or any member of your family  
ever filed a claim under the Securities  
Investor Protection Act of 1970? if  
so, give name of that broker. \_\_\_\_\_ X

Please list the full name and address of anyone assisting you in the  
preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that  
case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM.  
CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR  
IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY  
INFORMATION AND BELIEF.

Date 02-27-2009 Signature John F. Lore  
Date \_\_\_\_\_ Signature \_\_\_\_\_

(If ownership of the account is shared, all must sign above. Give each owner's name,  
address, phone number, and extent of ownership on a signed separate sheet. If other  
than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity  
and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly,  
together with supporting documentation, etc. to:

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201

**LIST OF INDIVIDUALS PROVIDING  
ASSISTANCE WITH CLAIM FORM FOR  
IBEW LOCAL 910 PENSION FUND  
EIN # 16-6149240**

Dr. John P. Jeanneret, President  
J.P. Jeanneret Associates, Inc.  
White Memorial Building  
100 East Washington Street  
Syracuse, New York 13202  
Telephone: (315) 478-2770

Charles E. Blitman, Esq.  
Jonathan M. Cerrito, Esq.  
Blitman & King LLP  
Franklin Center, Suite 300  
443 North Franklin Street  
Syracuse, New York 13204-5412  
Telephone: (315) 422-7111

John Love, Fund Manager  
IBEW Local 910 Pension Fund  
25001 Water Street  
Watertown, New York 13601  
Telephone: (315) 782-5941

## RESOLUTION

**WHEREAS**, the I.B.E.W. Local 910 Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

**WHEREAS**, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

**WHEREAS**, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

**THEREFORE**, it is resolved that the Trustees of the Fund hereby authorize John Love, Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

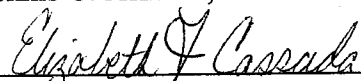
For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

### I.B.E.W. LOCAL 910 PENSION FUND

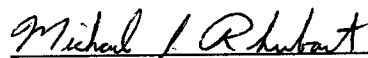
Dated: 2-19-09

By:   
Dennis C. Affinati, Union Trustee

Dated: 2-26-09

By:   
Elizabeth F. Cassada, Union Trustee

Dated: 2-26-09

By:   
Michael Rhubart, Union Trustee

Dated: 02-25-09

By: James A. Williams  
James A. Williams, Employer Trustee

Dated: 02-25-09

By: Leo J. Villeneuve  
Leo J. Villeneuve, Employer Trustee

Dated: 02-26-09

By: Gary L. Hammond  
Gary L. Hammond, Employer Trustee

KLC/Madoff/IBEW910PF/Misc/PFResolutionIncPlus

**IBEW LOCAL 910 PENSION FUND**  
**EIN NO. 16-6149240**

**UNION TRUSTEES**

Dennis C. Affinati  
c/o IBEW Local 910 AFL-CIO  
25001 Water Street  
Watertown, New York 13601  
Telephone: (315) 782-5941

Elizabeth F. Cassada  
15662 US Route 11  
Watertown, New York 13601  
Telephone: (315) 583-5618

Michael Rhubart  
6522 Snell Road  
Lowville, New York 13367  
Telephone: (315) 376-2960

**EMPLOYER TRUSTEES**

James A. Williams, Chairman  
c/o S&L Electric Inc.  
5313 State Highway 56  
Colton, New York 13625  
Telephone: (315) 265-7677

Leo J. Villeneuve, Secretary  
c/o S&L Electric Inc.  
5313 State Highway 56  
Colton, New York 13625  
Telephone: (315) 262-2372

Gary L. Hammond  
c/o Collins-Hammond Electrical  
Contractors, Inc.  
Route 68 Riverside Drive  
P.O. Box 383  
Ogdensburg, New York 13669  
Telephone: (315) 334-7022

*IBEW Local 1249 Pension Fund*  
*P O Box 301*  
*6518 Fremont Rd*  
*East Syracuse, NY 13057-0301*  
*(315) 656-8390*

March 2, 2009

Irving H Picard, Esq  
Trustee for Bernard L Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave Suite 800  
Dallas TX 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the IBEW Local 1249 Pension Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

IBEW Local 1249 Pension Fund



Daniel R Dafoe  
Administrator

CUSTOMER CLAIM

Claim Number \_\_\_\_\_

Date Received \_\_\_\_\_

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

B.E.W. Local 1249 Pension Fund  
518 Fremont Road, P.O. Box 301  
East Syracuse, NY 13057  
Income Plus Investment Fund,  
Madoff Account #: 1-I0004  
Tax ID #: 15-6035161

Provide your office and home telephone no.

OFFICE: (315) 656-8390

HOME: (315) 430-1651

Taxpayer I.D. Number (Social Security No.)  
15-6035161

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

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1. Claim for money balances as of December 11, 2008:
- a. The Broker owes me a Credit (Cr.) Balance of \$ 660.87
  - b. I owe the Broker a Debit (Dr.) Balance of \$ - 0 -

- c. If you wish to repay the Debit Balance,  
please insert the amount you wish to repay and  
attach a check payable to "Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC."  
If you wish to make a payment, it must be enclosed  
with this claim form. \$ - 0 -

- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- |   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities        | <u>X</u>   | <u></u>   |
| b. I owe the Broker securities          | <u></u>    | <u>X</u>  |
| c. If yes to either, please list below: |            |           |

|  |  | Number of Shares or<br>Face Amount of Bonds |                                |
|--|--|---|--------------------------------|
| Date of<br>Transaction<br>(trade date) | Name of Security                         | The Broker<br>Owes Me<br>(Long)             | I Owe<br>the Broker<br>(Short) |
|  | <u>\$4,721,775.48</u>                    | <u>X</u>                                    |                                |
|  | <u>Please refer to Income Plus</u>       |   |                                |
|  | <u>Investment Fund SIPC Claim:</u>       |   |                                |
|  | <u>the above estimated amount is the</u> |   |                                |
|  | <u>Claimant's share of the madoff</u>    |   |                                |
|  | <u>loss only.</u>                        |   |                                |

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

|   | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain.  | _____      | <u>X</u>  |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?   | _____      | <u>X</u>  |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____      | <u>X</u>  |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)    | _____      | <u>X</u>  |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.                         | _____      | <u>X</u>  |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.                   | _____      | <u>X</u>  |

9. Have you or any member of your family  
ever filed a claim under the Securities  
Investor Protection Act of 1970? If  
so, give name of that broker. \_\_\_\_\_ X

Please list the full name and address of anyone assisting you in the  
preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that  
case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM.  
CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR  
IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY  
INFORMATION AND BELIEF.

Date 3-2-09 Signature Donald R. Doyle  
Date 3-2-09 Signature W. J. [unclear]

(If ownership of the account is shared, all must sign above. Give each owner's name,  
address, phone number, and extent of ownership on a signed separate sheet. If other  
than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity  
and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly,  
together with supporting documentation, etc. to:

Irving H. Picard, Esq.,  
Trustee for Bernard L. Madoff Investment Securities LLC  
Claims Processing Center  
2100 McKinney Ave., Suite 800  
Dallas, TX 75201